



BETHEL TEMPLE CHURCH
EMPLOYMENT APPLICATION

1705 Todds Lane
Hampton, VA 23666
(757) 826-1426

Today's Date: Position applying for:

Full time Part-time If part-time, days available hours available:

PERSONAL

Full Name: Last First Middle

Address: Street City State Zip Code

Phone: Home Cell Email:

Social Security#: Are you over 18 years of age? Yes No

Are you a citizen of the United States or otherwise eligible for employment in the United States? Yes No

Have you accepted Jesus as your personal Savior? Yes No

Are you a member of Bethel Temple? Yes No If yes, how long?

Have you received the Baptism of the Holy Spirit according to Acts 2:4? Yes No

EDUCATION

Table with 5 columns: Name of School, Attended From, Attended To, Location, Major/Degree

Additional training (type and where received):

EXPERIENCE/SKILLS

Are you an ordained minister? Yes No If yes, which denomination?

Special skills, licenses, qualifications:

Typing Yes (WPM) No Computer Yes No If yes, list specifics:

Hardware: Software:

List any other machines you can operate proficiently: _____

EMPLOYMENT HISTORY

List employment for the last three years, beginning with the most recent position:

1) Business: _____ Address: _____

City/State/Zip _____ Phone number: _____

Nature of the Business: _____ Supervisor's name: _____

Dates of Employment: From _____ to _____ Ending salary: _____

Position held/Title: _____

Duties: _____

Reason for leaving: _____

2) Business: _____ Address: _____

City/State/Zip _____ Phone number: _____

Nature of the Business: _____ Supervisor's name: _____

Dates of Employment: From _____ to _____ Ending salary: _____

Position held/Title: _____

Duties: _____

Reason for leaving: _____

3) Firm: _____ Address: _____

City/State/Zip _____ Phone number: _____

Nature of the Business: _____ Supervisor's name: _____

Dates of Employment: From _____ to _____ Ending salary: _____

Position held/Title: _____

Duties: _____

Reason for leaving: _____

4) Business: _____ Address: _____

City/State/Zip _____ Phone number: _____

Nature of the Business: _____ Supervisor's name: _____

Dates of Employment: From _____ to _____ Ending salary: _____

Position held/Title: _____

Duties: _____

Reason for leaving: _____

REFERENCES

Please list three people to whom you are **not** related and by whom you have **not** been employed.

| Name | Address | Phone Number | Business or Occupation | Years known |
|------|---------|--------------|------------------------|-------------|
| | | | | |
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ADDITIONAL INFORMATION

If hired, do you have a reliable means of regularly traveling to and from work? ___ Yes ___ No

Are you presently able to perform the essential duties and functions of the job for which you have applied, either with or without reasonable accommodations? ___ Yes ___ No

If No, please describe those essential functions or duties which you are presently unable to perform: _____

Have you ever been disciplined in a job for attendance problems? ___ Yes ___ No

Are you presently using or have you used in the last 90 days:

Illegal drugs? ___ Yes ___ No If yes, please explain: _____

Alcohol? ___ Yes ___ No If yes, please explain: _____

Tobacco? ___ Yes ___ No If yes, please explain: _____

Have you ever been convicted of a crime other than a minor traffic violation? ___ Yes ___ No

If yes, please describe in full: _____

If you are applying for a position which requires driving a motor vehicle:

Do you have a valid driver's license? ___ Yes ___ No

Have you ever had your driver's license suspended or revoked, or had your driving privileges modified by a court of law? ___ Yes ___ No

List all states from which you hold or have held a driver's license: _____

I certify that the information given by me in this application is true and complete in all respects. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability for responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in my discharge.

Signature of Applicant

Date